Rapid onset myelitis in 2 French patients at return of West Africa: Think NeuroSchistomiasis
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Introduction.– Etiological diagnosis of myelitis is an emergency in order to provide appropriate treatment and reduce neurological complications [1]. We report the cases of two patients with a non-compressive subacute myelitis.

Observations.– During a stay in Africa (Ivory Coast, Ghana), two patients developed neurological signs 3 weeks: paresthesia in S1-S2 territory, hypoes-thesia, eye, and muscular atrophy. Found a moderate eosinophilia (1000/mm³), lymphocytic meningitis and conus intramedullary hyperintensity on MRI. Schistosomiasis serology and Western Blot are positive.

Discussion.– Radiculo-myelitis is the most common neurological manifestation S. mansoni or S. haematobium. Eight hundred cases of spinal injury schisto- somiasis are described since 1930, mainly in endemic countries [2], some mechanism inflammation around the eggs, other ischemic by larvae aberrant migration. Intensity and duration of infection detect the amount of the inflammatory response and the severity of fibro-obluctive chronic disease. References
[2] Cristina T, Ferrari A, Roberto P, Moreira R. Neuroschistomiasis are described since 1930, mainly in endemic countries [2], some mechanism inflammation around the eggs, other ischemic by larvae aberrant migration. Intensity and duration of infection detect the amount of the inflammatory response and the severity of fibro-obluctive chronic disease.

Charcot spine L5-S1 following diffuse idiopathic skeletal hyperostosis: A case report
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Introduction.– Charcot spinal arthropathy is an vertebral neuropathic arthropathy characterized by disc and vertebral degeneration with massive bone formation of an articulation. It results from an impairment of joint innervation with loss of proprioception and sensitivity to pain, associated with repetitive microtraumatism [1].

Observation.– We report the case of a 62-year-old man suffering from a complete C6 sensorimotor tetraplegia following a cervical traumatisim in 1980. The evolution was characterized by the progressive appearance of an spine stiffness in extension, that revealed an associated diffuse idiopathic skeletal hyperostosis. After almost 30 years of evolution of the tetraplegia, the patient presented autonomic dysreflexia indicative of pseudo-tumoral Charcot spine L5-S1 with anterior hypertrophic osteophytosis compressing the vesical dome. The arthropathy concerned the last mobile joint under vertebral ankylosing hyperostosis.

Discussion.– This observation confirms the key-role of complete sensory deafferentation and abnormal mobility of the vertebral joint on the emergence of Charcot spinal arthropathy. The full loss of mobility of the dorsal and lumbar spine, following diffuse idiopathic skeletal hyperostosis, probably provoked the onset of L5-S1 Charcot spine.

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patients were examined with comparable clinical course, for the control group that did not receive robot-assisted mechanical therapy. Checkpoints: 21, 42, 180 days.

**Results.**– We saw the dynamics of the scale ASIA in different periods of the effects of spinal cord injury as a function of rehabilitation programs, the decrease in muscle tone of the lower limbs on Ashworth spasticity scale, and changes in mobility and the needs of patients in the auxiliary properties of medium-distance movement in the Index Hauser. Central motor conduction time at TMS (m. tibialis anterior) of patients and control group with spinal cord injury at various stage also changed. The dynamics of psycho-emotional performance was estimated too.

**Conclusion.**– Thus, we believe that the use of the above methods of clinical and neurophysiological monitoring provides a complete evaluation of the effectiveness of rehabilitation at all stages.

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**P170-e**

**Rotator cuff surgery in persons with spinal cord injury: Relevance of a multidisciplinary approach**


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**Methodology.**– Clinical, functional and lesion check-up of patients presenting with rotator cuff pathologies.

**Results.**– Surgery was indicated and performed on 38 shoulders in 28 patients. The lesional assessment during surgery revealed injuries that were more severe than one could have thought based on imaging data. Main pain intensity in operated and non-operated groups was respectively 0 and 1.6 at rest and 2 and 4.9 during paroxysmal peaks. In average for patients who had surgery the functional independence measure (FIM) score decreased by 2.3. Mean satisfaction index of operated patients was 8.5/10.

**Discussion.**– When the surgical indication was based on a multidisciplinary decision, no negative results were reported that could have challenged the validity of this decision. Pain relief was the prime benefit reported post surgery. The functional status was modified due to the technical aids needed to prevent shoulder overuse. A multidisciplinary approach emerges as the solution to inform and educate patients in order to limit the risk of recurrence.

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**P171-e**

**Post-rehabilitation participation restriction of spinal cord injured patient at Centre for the Rehabilitation of the Paralysed (CRP)**

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**Methodology.**– Purposeful sampling methods were chosen in this descriptive type of cross-sectional study.

**Results.**– A total of 92 participants were selected of whom 82 were male and 10 female. Among the respondents, 43% had severe restriction, 23.7% had extreme restriction, 16.1% had moderate restriction, 8.6% had mild restriction and remaining 7.5% had no major restrictions in different activities mentioned in participation scale. The main barriers to participation reported were inaccessibility (7%), physical limitations (49%), poor family support (18%) and lack of self-confidence (11%). A majority of the respondents perceived their participation was sometimes sufficient in most activities such as opportunities for employment, domestic ADL, contributing financially to the family. A majority of the respondents also perceived one or more severe problems of participation in activities.

**Discussion.**– Although severity of injury and some social factors were found to be the main factors of restricting participation, some personal factors such as age at injury and education were also crucial factors. It is important to consider access to social support along with other factors in the person-environment interaction and their influence on clients’ participation in rehabilitation.

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**P172-e**

**Effects of electrical stimulation pattern on quadriceps isometric force and fatigue in individuals with spinal cord injury**

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**Methodology.**– Permeability to central fatigue during functional quadriceps contractions in people with SCI.

**References**


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**P173-e**

**Charcot-Spine arthropathy in a paraplegic patient with traumatic cord injury: A case report**

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**Methodology.**– Characteristic of Charcot-Spine or neurogenic arthropathy of the spine is a rare complication of spinal cord injury. It is responsible for spinal instability that may compromise the autonomy of the patient on a wheelchair.

**Observation.**– We report the case of a paraplegic patient with L1 cord injury treated by a simple laminectomy in 1999, with a shift towards a post-traumatic kyphosis. In 2004 kyphosis correction by osteotomy of L1, anterior graft and arthrodesis T8-L4. In 2012 degenerative changes of the lumbar area with bone destruction L4-L5 evoking a Charcot-Spine. The patient benefited from an extension of fusion to the sacrum anterior and posterior channels.

**Discussion.**– Charcot-Spine is responsible for progressive destruction of the spine below the injury. The hyper-constrained spine in paraplegics is an impor-